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CONFIRMATION NO. 7143

<b>SERIAL NUMBER</b> 10/681,431	<b>FILING OR 371(c) DATE</b> 10/08/2003 <b>RULE</b> <i>UR</i>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> XANO / 33
<b>APPLICANTS</b> Keith A. Moore, Loveland, OH; <i>UR</i> Ralph A. Heasley, Union, KY;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/31/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>UR</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 37
			<b>INDEPENDENT CLAIMS</b> 12	
<b>ADDRESS</b> 26875				
<b>TITLE</b> N-desmethyl levomepromazine				
<b>FILING FEE RECEIVED</b> 925	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	